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(Signature)
(Date)

ANTONELLI, TERRY STOUT & KRAUS, LLP  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/542,490	07/15/2005	Benoit Noetinger	612 45186X00	5318

TITLE OF INVENTION: METHOD FOR DETERMINING ZONES IN A STRATIFIED MEDIUM WHERE THE INTERFACE BETWEEN A FLUID IN PLACE IN THE MEDIUM AND A FLUSHING FLUID MOVES IN A STATIONARY MANNER

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE (\$ DUE)	DATE DUE
Nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/08/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS		
JONES, HUGH M		2128		703-010000		

## 1. Change of correspondence address or indication of "Fee Address: (37 CFR 1.363):

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ agents OR, alternatively,  
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of Customer Number is required.

## 2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP.  
Or agents OR, alternatively,  
(2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

INSTITUT FRANCAIS DU PETROLE

92852 RUEIL MALMAISON CEDEX, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
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☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2135

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Alan E. Schiavelli/Date: AUGUST 11, 2008Typed or printed name Alan E. SchiavelliRegistration No. 32,087

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.